Perc Purchase 12-Month Rolling Total Log

Month/ Year	Gallons Purchased	12-Month Period	12-Month Rolling Total Amount	NOTES
9/93				new sources start here
10/93				
11/93				
12/93				existing sources start here
1/94				
2/94				
3/94				
4/94				
5/94				
6/94				
7/94				
8/94		9/93 - 8/94		
9/94		10/93 - 9/94		
10/94		11/93 - 10/94		
11/94		12/93 - 11/94		
12/94		1/94 - 12/94		
1/95		2/94 - 1/95		
2/95		3/94 - 2/95		
3/95		4/94 - 3/95		
4/95		5/94 - 4/95		
5/95		6/94 - 5/95		
6/95		7/94-6/95		
7/95		8/94-7/95		
8/95		9/94-8/95		
9/95		10/94-9/95		
10/95		11/94-10/95		
11/95		12/94-11/95		
12/95		1/95-12/95		
1/96		2/95-1/96		
2/96		3/95-2/96		
3/96		4/95-3/96		
4/96		5/95-4/96		
5/96		6/95-5/96		
6/96		7/95-6/96		
7/96		8/95-7/96		
8/96		9/95-8/96		
9/96		10/95-9/96		
10/96		11/95-10/96		
11/96		12/95-11/96		
12/96		1/96-12/96		
1/97		2/96-1/97		
2/97		3/96-2/97		
3/97		4/96-3/97		
4/97		5/96-4/97		
5/97		6/96-5/97		
6/97		7/96-6/97		
7/97		8/96-7/97		
8/97		9/96-8/97		
9/97		10/96-9/97		
10/97		11/96-10/97		
11/97		12/96-11/97		
12/97		1/97-12/97		
1/98		2/97-1/98		
2/98		3/97-2/98		
3/98		4/97-3/98		
4/98		5/97-4/98		
5/98		6/97-5/98		
6/98		7/97-6/98		
7/98		8/97-7/98		
8/98		9/97-8/98		
9/98		10/97-9/98		
10/98		11/97-10/98		
11/98		12/97-11/98		
12/98		1/98-12/98		
1/99		2/98-1/99		
2/99		3/98-2/99		
3/99		4/98-3/99		
4/99		5/98-4/99		
5/99		6/98-5/99		
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11/00		12/99-11/00		
12/00		1/00-12/00		
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3/01		4/00-3/01		
4/01		5/00-4/01		
5/01		6/00-5/01		
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7/01		8/00-7/01		
8/01		9/00-8/01		
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10/01		11/00-10/01		
11/01		12/00-11/01		
12/01		1/01-12/01		
1/02		2/01-1/02		
2/02		3/01-2/02		
3/02		4/01-3/02		
4/02		5/01-4/02		
5/02		6/01-5/02		
6/02		7/01-6/02		
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12/03		1/03-12/03		
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6/04		7/03-6/04		
7/04		8/03-7/04		
8/04		9/03-8/04		
9/04		10/03-9/04		
10/04		11/03-10/04		
11/04		12/03-11/04		
12/04		1/04-12/04		
1/05		2/04-1/05		
2/05		3/04-2/05		
3/05		4/04-3/05		
4/05		5/04-4/05		
5/05		6/04-5/05		
6/05		7/04-6/05		
7/05		8/04-7/05		
8/05		9/04-8/05		
9/05		10/04-9/05		
10/05		11/04-10/05		
11/05		12/04-11/05		
12/05		1/05-12/05		
1/06		2/05-1/06		
2/06		3/05-2/06		
3/06		4/05-3/06		
4/06		5/05-4/06		

Perchloroethylene Dry Cleaning NESHAP Compliance Worksheet

Temperature Reading, Leak Detection and Repair Log

Month and Year _____

NOTE: This form is valid only if you have one refrigerated dry-to-dry machine with no carbon adsorbers as supplemental controls and you are required to measure your perc/air vapor stream temperature for compliance with the Perc Dry Cleaning NESHAP. If you have more than one drycleaning machine, use one form for each machine. If you have a transfer system, this form is not adequate.

REFRIGERATED CONDENSER TEMPERATURE READING Record the temperature of the perc/air vapor stream at the outlet side of the refrigerated condenser at the end of the last cool down cycle before opening door	WEEK #1 DATE TEMPERATURE	WEEK#2 DATE TEMPERATURE	WEEK#3 DATE TEMPERATURE	WEEK#4 DATE TEMPERATURE	WEEK#5 DATE TEMPERATURE
DESCRIPTION OF PROBLEM If the temperature is greater than 45E F (7.2E C), follow repair procedure: you must correct the problem within 24 hours, or if you need parts, you must order the parts within 2 working days and install them within 5 working days of receiving the parts.					
DO PARTS HAVE TO BE ORDERED?					
IF NO, DATE PROBLEM CORRECTED					
IF YES, DATE PARTS ORDERED					
DESCRIPTION OF PARTS ORDERED					
DATE PARTS RECEIVED					
DATE PARTS INSTALLED					
DATE PROBLEM CORRECTED					

LEAK DETECTION PROGRAM While the drycleaning system is operating, check					
hose&pipe connections, fittings,couplings&valves*	____	____	____	____	____
door gaskets & seatings*	____	____	____	____	____
filter gaskets and seatings*	____	____	____	____	____
pumps	____	____	____	____	____
solvent tanks & containers*	____	____	____	____	____
water separators	____	____	____	____	____
muck cookers	____	____	____	____	____
stills	____	____	____	____	____
exhaust dampers	____	____	____	____	____
diverter valves	____	____	____	____	____
cartridge filter housings	____	____	____	____	____
* if leaks are found, circle the leak areas		**T** = no leaks in that area	X = leak detected in that area		

If you had one or more leaks, note the name or location of drycleaning system components where perceptible leaks were detected (Follow repair procedure as noted above)					
DO PARTS HAVE TO BE ORDERED?					
IF NO, DATE PROBLEM CORRECTED					
IF YES, DATE PARTS ORDERED					
DESCRIPTION OF PARTS ORDERED					
DATE PARTS RECEIVED					
DATE PARTS INSTALLED					
DATE PROBLEM CORRECTED					

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PROPER D.O.T. SHIPPING NAME
RQ WASTE TETRACHLOROETHYLENE 6.1
UN 1897 PG III
(EPA: F002,D039)
*** TOXIC ***

LIQUID/SOLID

HAZARDOUS WASTE

FEDERAL LAW PROHIBITS IMPROPER DISPOSAL
IF FOUND, CONTACT THE NEAREST POLICE, OR PUBLIC SAFETY AUTHORITY, OR THE U.S. ENVIRONMENTAL PROTECTION AGENCY

IN EVENT OF EMERGENCY CALL

GENERATOR INFORMATION:
ACCOUNT NO.
NAME
ADDRESS
CITY/STATE

US EPA ID NO.	STATE EPA ID NO.
ACCUMULATION	MANIFEST
START DATE	DOCUMENT NO.
TRANSFER	TSDF
START DATE _____	STORAGE DATE _____

C

D

CESQG vs SQG
BASIC REQUIREMENTS - COMPARISON CHART

Note that there are additional requirements for SQGs that store Hazardous Waste (HW) in tanks. Call CTAP for assistance.

This table does not address Large Quantity Generator (LQG) requirements.

CESQG	SQG
Generate less than 220 lbs. of hazardous waste per calendar month.	Generate between 220 lbs. and 2,200 lbs. of hazardous waste per calendar month.
Identify and quantify your hazardous waste generated per month. Maintain records of the quantity generated each month.	Identify and quantify your hazardous waste generated per month. Maintain records of the quantity generated each month.
Store no more than 2,200 lbs. of hazardous waste at any one time.	Store no more than 13,228 lbs. of hazardous waste at any one time **AND** not exceed the maximum storage time of 180 days (270 days if your hazardous waste is transported more than 200 miles).
Properly manage your hazardous waste (i.e., by ensuring delivery to a permitted municipal solid waste disposal facility)	Designate an emergency coordinator.
May use standard bill of lading or federal uniform hazardous waste manifest (i.e., not IDEM's manifest) as a shipping document.	Obtain a US EPA I.D. number.
	Use appropriate state's hazardous waste manifest as shipping document.
	Use a registered hazardous waste transporter with a US EPA ID number.
	Properly manage your hazardous waste (i.e., by ensuring delivery to a treatment, storage, disposal or recycling facility)
	Use proper container management practices: < mark containers with the words "Hazardous Waste" as soon as waste is first introduced into container. < mark each container with the date waste is first introduced into it, or when taken to storage, if satellite accumulation is used. < add flammable label, if applicable, when waste is first introduced. < store wastes in containers made of materials compatible with the waste. < keep all containers of HW closed, except when adding or removing material. < inspect containers weekly. < maintain containers in good condition.
	Hazardous Waste storage area must have: S alarm or voice signal to provide emergency instructions. S telephone nearby to call emergency personnel. S emergency numbers posted near the telephone. S fire extinguishers nearby. S spill control equipment nearby. S water & hoses, foam equipment or automatic sprinklers. S sufficient aisle space to allow full inspection of each container.

***** POST THIS NEAR ALL TELEPHONES *****

EMERGENCY NOTIFICATION LIST

EMERGENCY PHONE NUMBERS Fire _____ Police _____ Ambulance _____

EMERGENCY COORDINATOR (Hazardous Waste) _____

PHONE NUMBER/BEEPER NUMBER _____

COUNTY SHERIFF _____

INDIANA STATE POLICE _____

FBI _____

POISON INFORMATION _____

U. S. MARSHAL _____

CIVIL DEFENSE _____

WATER DEPARTMENT _____

WEATHER DEPARTMENT _____

LOCATIONS OF FIRE EXTINGUISHERS _____

LOCATION OF FIRE ALARM (if you have one) _____

SPILL EMERGENCY NOTIFICATION

IDEM Emergency Response Branch: (888) 233-7745 24 hours/day, 7 days/week TOLL FREE

National Response Center: (800) 424-8802 24 hours/day, 7 days/week TOLL FREE

US EPA ID # _____

County Health Department Phone # _____

Local Public Works/Sewer Department Phone # _____

Recovery Contractor Name _____

Phone # _____

Location of Spill Control Equipment _____

Written Hazard Communication Program

1. Introduction

A. Statement of Need

_____ implemented a Hazard Communication Program (HCP) for two reasons:

/ To assist _____ in achieving our ultimate goal of a safer working environment for our employees.

/ To comply with the Federal Occupational Safety and Health (OSHA) Standard (1910.1200) by May 23, 1988.

B. Background

To reduce the incidence of chemically related occupational illness and injury, the Occupational Safety and Health Administration (OSHA) published the Hazard Communication Standards in November, 1983. In 1987 the standards were expanded to include non-manufacturing employers. These standards provide employees with the "right to know" about the hazards of the chemicals they handle and those available in their workplace.

C. Anticipated Benefits

Several benefits are anticipated with the implementation of _____ Drycleaner's Hazard Communication Program. These include:

1. Overall improvement of _____ safety program.

2. Prevention of chemical related illnesses and injuries.

3. Avoidance of OSHA citations, violations, and related compliance costs.

4. Improvement of employer-employee relations by establishing regular lines of communication.

2. Purpose

The purpose of this Hazard Communication Program is to ensure that the hazards of all chemicals located in the facility are evaluated and that information concerning physical and health hazards are transmitted to employees who may potentially be exposed to these substances. It is not only the intent of_____ to fully comply with the OSHA Standard 1910.1200, but also to improve the overall safety of our business. A successful Hazard Communication Program will reduce potential incidents of chemical related illnesses and injuries.

3. Authority

This Hazard Communication Program is required by the Occupational Safety & Health Administration, pursuant to Title 29 CFR Subpart Z part 1910.1200.

The owner/operator shall have the authority and responsibility to assure compliance with all regulations governing hazardous materials and waste management. In the event of noncompliance, immediate corrective action is to be taken while a plan for permanent correction is developed and implemented.

The owner/operator of _____ shall determine hazardous materials policies and procedures which will be in writing and available upon request to employees and government officials.

4. Summary of Title 29 Subpart Z Part 1910.1200, Hazard Communication Standard , effective May 23, 1988

The passage of the OSHA's Hazard Communication Standard gives_____ Drycleaners the responsibility to establish a written, comprehensive program which includes provisions for container labeling, material safety data sheets (MSDS), employee information and training. The written program must contain a list of the hazardous chemicals in each work area, the means used to inform employees of hazards of non-routine tasks and methods used to inform contractors in our facilities of chemical hazards to which they may be exposed.

This written Hazard Communication Program is _____'s plan to comply with the objectives of the standard. Each objective will be specifically defined and discussed in this document. Additionally, this written program shall be reviewed during employee training and a copy available to each employee upon request.

5. Objectives

1: List of chemicals used at _____

The owner/operator is required to complete and have available the entire inventory of chemicals available in the facility This list will be located _____ while a master list will be kept on file in the _____.

Procedure for Chemical Inventory Update (Several methods will be utilized to maintain an updated chemical list)

A. The owner/operator will have a chemical inventory on file. New chemical products purchased will be immediately reported to the owner/operator, who will evaluate the new product's MSDS to determine if the product should be included in the HCP.

B. As new chemicals are purchased, they will be recorded on the chemical inventory list. Changes in inventory will be noted on the inventory form with updates provided to effected employees.

2: Material Safety Data Sheets (MSDS)

Materials Safety Data Sheets are the keystone to a successful Hazard Communication Program. MSDS are designed to provide the information needed to handle chemicals safely. They provide the necessary information for training, hazard evaluation, proper handling, emergency procedures, and employee personal protective equipment. The following procedures will be implemented to ensure that _____ maintains a MSDS for all chemicals identified on the chemical inventory and the local purchase inventory.

A. Chemical manufacturers supplying the facility with products are required to make available upon request MSDS for each product shipped. As MSDS are checked off against the chemical inventory, missing MSDS should be requested in writing from the respective manufacturer.

B. The owner/operator will document attempts to obtain all Material Safety Data Sheets.

C. The owner/operator will require a MSDS for each new chemical purchased. As well as updated MSDS for existing chemicals. This requirement will be indicated on all purchase orders. The owner/operator will then maintain a file of all current MSDS.

D. Copies of the appropriate Material Safety Data Sheets will be provided by the owner/operator and maintained and readily available throughout the facility.

E. A program to better understand and interpret a MSDS will be available and will serve as a training discussion item.

F. Updated and new MSDS will be immediately place in binders. Owner/ operators are responsible for in-servicing all employees in their respected area on the new and updated MSDS when that information becomes available.

G. _____ will rely on each chemical manufacturer's testing and hazard evaluation of chemical products used throughout the plant. _____ will ensure that MSDS are supplied, and that information contained on all MSDS is compete.

3. Labeling Procedures

A. Original Containers - Owner/Operator will rely heavily on chemical suppliers to provide labeling on their products used in the business that meets the requirements of 1910.1200(f). To comply, the label must contain the following:

1. The identity of the hazardous chemical.

2. The appropriate hazard warning. (including target organ, route of entry, and health hazards.)

3. The name and address of the chemical manufacturer.

B Shipped Containers - with each chemical shipment, the owner/operator will check all containers to ensure that all labels meet the requirements outlined in this program. **The owner/operator will not accept improperly labeled containers.** If there is a problem with a container, owner/operator should be notified immediately.

The owner/operator will check the chemical inventory to ensure that the MSDS has been received and updated for the product.

C. Local Purchases of Shelf Stock Chemicals - The following procedures will be implemented to ensure that local purchases of shelf stock chemicals (i.e., cleaning agents or other maintenance supplies) are properly labeled:

1. A local purchase inventory shall be maintained.

2. Purchases of shelf-stock chemicals which are not listed on the inventory will be reported to the owner/operator.

3. The owner/operator shall inspect local purchases for their condition and whether these items meet the minimum label requirements of 1910.1200 (f) (I) (i, ii, iii). Chemicals that do not meet these minimum labeling requirements should not be purchased or allowed into the facility.

D. Individual Portable Containers - Each chemical transferred from the original container into individual portable ones, which will be used *immediately* that day, by a single individual during their shift, does not require labeling.

Those chemicals transferred for later use or utilized by multiple individuals, must have identifying labels affixed to the container providing the following information:

1. Identification of the hazardous chemical

2. Appropriate hazard

These labels may be handwritten

The owner/operator or supervisor is responsible for ensuring that proper labeling is on all individual portable containers used in their areas.

4: Employee Training

The Hazard Communication Standard requires the owner/operator to provide information and training to employees who have the potential of being exposed to hazardous chemicals in their work areas. Additionally, the employer must also explain the components and objectives of its written Hazard Communication Program to its employees.

The owner/operator is responsible for developing procedures for maintaining detailed records of all Hazard Communication training.

A. Initial Training of Employees - Training of personnel will be administered by the owner/operator or their designee. He/she will utilize a variety of teaching methods (i.e., written materials, charts, audio-visuals, etc.), in addition to general discussion, when training the employees.

B. New Employees - will receive training promptly during initial employee orientation.

C. Existing Employees - will be trained when transferred to a work area where new or different hazardous chemicals are used. Retraining as needed will be the responsibility of the owner/operator and will be documented and kept in the employee's personnel file.

D. Educational objectives - The owner/operator is responsible for developing procedures for educating their personnel in compliance with this Hazard Communication Program. These procedures include detailed job-specific information for their department. At a minimum, the Hazard Communication educational procedures must address the following:

1.The Hazard Communication Standard.
2. Understanding and interpreting the information on labels and MSDS.
3. How employees can obtain and use the available hazard information
4. The location of the written HCP, MSDS, and inventory list of hazardous chemicals in the workplace.
5. Chemicals and hazards that the employee may potentially be exposed. to in their work area..
6. Container Labeling.
7. Chemical Storage Locations.
8. Proper recognition and handling of hazardous chemicals.
9. Proper use and location of safety & personal protective equipment.
10.Methods and/or observations to detect the presence of hazardous materials.
11. Emergency response and evacuation procedures.

.

5: Procedures to assess Hazards of Non-routine Tasks

Non-routine tasks are those tasks which do not occur on a frequent basis or those tasks which are not identified as a normal production task. Those non-routine tasks required of drycleaning personnel will be evaluated on a case-by-case basis as needed to determine if they are considered to be in compliance with this program.

6: Contract work performed at _____

A. Contractors will receive a list of chemicals used in the work area.

B. All contractors will be required to notify owner/operator of hazardous chemicals brought onto the premises.

C. A copy of our Hazard Communication Program will be available to the contractors from the owner/operator

D. A list of chemicals and corresponding MSDS will be available to the contractor from the owner/operator

E. Appropriate project training will be conducted by the project or job supervisor for all persons associated with the project, including contractors, when hazardous materials will be used or disposed of.

F. Training will be accomplished prior to starting the job or project and will include the following:

1. A discussion of the information listed on the MSDS for each hazardous material used during the job or project.

2. Job specific details for strong, using, and disposing of the hazardous materials used during the job or project.

3. Job specific spill, leak, and uncontrolled reaction procedures.

4. Appropriate evacuation procedures.

5. Job specific safety and personal protective equipment and the proper use of both.

G. A record of the project training will be retained in the employee life by the owner/operator.

7: Storage of Hazardous Materials

The owner/operator is responsible for the proper storage of hazardous materials in the plant. Follow the guidelines provided in the corresponding MSDS for proper storage of the chemical.

8: Spill cleanup, removal, & disposal

The owner/operator or their designee is responsible for the proper clean up of spills, removal, and disposal of hazardous materials in their area. Follow the guidelines provided in the corresponding MSDS for proper spill and disposal procedures.

9: Monitoring and Evaluation of Program

The owner/operator will monitor and evaluate the effectiveness of the Hazard Communication Program, on a quarterly basis, through:

A. Review of occurrence reports relating to hazardous material events, with appropriate follow up action if necessary.

B. Hazard Communication Program inspections, with follow up recommendations for correction if deficiencies are identified.

C. Evaluation of employee education programs.

D. The policy will be reviewed annually and updated accordingly by the owner/operator.

Approved By: Date:

_____

CHEMICAL INVENTORY LIST

DATE: _____ PREPARED BY: _____

CHEMICAL NAME	TRADE NAME	LOCATION OF CHEMICAL	MSDS ON FILE (**T**)

H

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

****
* SAMPLE ONLY - DO NOT USE *
****

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form approved. OMB No. 2050-0039. Expires 9-30-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas not required by Federal law.
IN-1-2-3-4-5-6-7-8-9-0 | 0-0-0-0-0

3. Generator's Name and Mailing Address
ABC Cleaner, Inc.
123 Avenue of Quality
Garment, IN 12345

4. Generator's Phone ( )

A. State Manifest Document Number
PRE-PRINTED

B. State Generator's ID
not applicable

5. Transporter 1 Company Name
YOUR RESPONSIBILITY

6. US EPA ID Number
YOUR RESP

C. State Transporter's ID
N/A

D. Transporter's Phone
YOUR RESP

7. Transporter 2 Company Name
YOUR RESPONSIBILITY

8. US EPA ID Number
YOUR RESP

E. State Transporter's ID
N/A

F. Transporter's Phone
YOUR RESP

9. Designated Facility Name and Site Address
YOUR RESPONSIBILITY

10. US EPA ID Number
YOUR RESP

G. State Facility's ID
N/A

H. Facility's Phone
YOUR RESP

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. RQ, WASTE TETRACHLOROETHYLENE, 9.1, UN1897, PGIII (FOC2, D039)	2	DM	30	G	F002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
D039

K. Handling Codes for Wastes Listed Above
usually TSI - ask your hauler

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: PRINT YOUR NAME | Signature: (your signature) | Month: DATE | Day | Year

17. Transporter 1 Acknowledgement of Receipt of Materials

TRANSPORTER

Printed/Typed Name: make sure driver prints name here and | Signature: signs here | Month: DATE | Day | Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month | Day | Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name | Signature | Month | Day | Year

EPA Form 8700-22
Previous editions are obsolete.
State Form 11855 (R2 / 1-94)

I

December 22, 1994

National Response Center at 800/424-8802 or 202/426-2675

SAMPLE ONLY

I

When using the uniform waste manifest for ... waste ... or ... shipments, refer to the applicable state regulations

INSTRUCTIONS TO GENERATORS (Please type or print clearly)

(1) Enter **generator's** U.S. EPA twelve digit identification number and the unique five digit document number assigned to Manifest (e.g., 00001) by the generator.
(2) Enter total number of pages comprising this Manifest.
(3) Enter the **generator's name** and mailing address.
(4) Enter telephone number where an authorized agent of the **generator** may be reached in the event of an emergency.
(5, 6) Enter **company name and U.S. EPA** I.D. number of the first **transporter** who will transport the waste.
(7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second **transporter** who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
(9, 10) Enter company name, **site address**, and U.S. EPA I.D. number of the **facility** designated to receive the waste listed on this Manifest.
(11) Enter U.S. DOT **Proper Shipping** Name, Hazard **Class**, and I.D. number (UN/NA) for each waste as identified in 49 CFR through 177. **Note:** If **additional** space is needed for waste descriptions, enter in item 28 on the Continuation Sheet (EPA Form 8700-22A).
(12) Enter number of containers **for** each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I Types of Containers

DM-Metal drums	TT-Tank Trucks	CM-Metal boxes (including roll-offs)
DW-Wooden drums	TC-Tank cars	CW-Wooden boxes
DF-Fiberboard/plastic	DT-Dump truck	CF-Fiber or plastic boxes
TP-Tanks portable	CY-Cylinders	BA-Bags

(13) Enter total quantity of waste described on each line.
(14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II Units of Measure

P = Pounds	L = Liters (liquids only)
K = Kilograms	G = Gallons (liquids only)
Y = Cubic yards	T = Tons (2,000 lbs.)
N = Cubic meters	M = Metric tons (1,000 kg.)

(16) The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW

(D) Enter the phone number of **first transporter.**
(F) Enter the phone number of **second transporter.**
(H) Enter the phone number of **the** designated facility.
(I) Enter the appropriate **EPA** waste code.
(K) Enter the handling code which reflects the ultimate disposition of the waste at the facility.

GENERATOR IN STATE: Retain Copy 6 and detach at time. Copy 2 to Indiana D.E.M.
GENERATOR OUT OF STATE: Retain Copy 6 and mail Copy 2 to the Generator State (if applicable) and mail Copy 3 to Indiana D.E.M.

INSTRUCTIONS TO TRANSPORTERS (Please type or print clearly)

(17, 18) Enter name of person accepting **the waste** on behalf of the **transporter.** That person must acknowledge acceptance of waste described on the **Manifest** by signing and entering the date of receipt.

TRANSPORTER(S): Retain Copy 7 (Copy 6) and leave remaining copies with **FACILITY OWNER/OPERATOR**

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES (Please type or print clearly)

(19) The authorized representative of the designated (or **alternate**) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
(20) Print or type name of the person accepting the waste on behalf of the owner or **operator** of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

OWNER/OPERATOR IN STATE: Retain **Copy** 5, return **Copy 4** to generator and mail **Copy** 1 to Indiana D.E.M.
OWNER/OPERATOR OUT OF STATE: Retain **Copy** 5, return **Copy** 4 to generator, mail Copy 1 to the TSD State (if applicable), and mail **Copy** 3 to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days of shipment or receipt of the waste (IC 13-7-8.5-7).

Address all manifest copies:

Indiana Department of Environmental Management
Office of Solid and Hazardous Waste Management
P.O. Box 7035
Indianapolis, IN 46207-7035
Manifest Tracking Phone Number: (317) 232-7959

Public reporting burden for this collection of information is estimated to average ... minutes for **generators**, 15 minutes for **transporters**, and ... minutes for treatment, **storage**, and disposal facilities. This includes time for reviewing instructions, **gathering data**, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

SAMPLE LETTER FROM DRYCLEANER TO WASTEWATER TREATMENT PLANT FOR NOTIFICATION OF SEPARATOR WATER DISCHARGE

<Date>

Name
Name of Wastewater Treatment Plant
Address
City, ST, Zip

Dear :

Pursuant to 40 CFR 403.12 (p), I am required to notify you of my discharge of a hazardous waste to the sewage treatment plant.

My estimated volume of this waste is gallons per month.

Name of Hazardous Waste: Tetrachloroethylene (perc)
Hazardous Waste Number: F002
Type of Discharge: (Batch or Continuous)
Concentration and Mass Monthly:
Concentration and Mass Yearly:

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree it has determined to be economically practical.

If you need additional information, you may call me at (999) 123-4567.

Sincerely,

(Name)

NOTE: You must also send a copy of this letter to:

IDEM
Office of Land Quality
Industrial Waste Section
PO Box 6015
Indianapolis, IN 46206-6015

AND

US EPA Region 5
Waste Management Division Director
77 West Jackson Blvd
Chicago, IL 60604

SAMPLE LETTER FROM DRYCLEANER TO SUPPLIER REQUESTING A MATERIAL SAFETY DATA SHEET (MSDS)

<Date>

Name and address of supplier
(manufacturer, importer or distributor)

Dear Mr. or Ms. _____ :

My company recently purchased your product _____
. The Material Safety Data Sheet (MSDS) did not arrive with the delivery.

Please send me an appropriate MSDS which will meet the requirements set forth in the OSHA standards 29 CFR 1910.1200 and 29 CFR 1926.59.

Thank you for your cooperation.

Sincerely,

Name
Title

Company Name
Address
Telephone Number

Please print or type with PICA type (12 characters per inch) in the unshaded areas only.

Please refer to the *Instructions for Filling Notification* before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Recei
(For Official Us

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

☐ A. First Notification ☐ B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number

II. Name of Installation *(Include company and specific site name)*

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street

Street *(Continued)*

City or Town | State | Zip Code

County Code | County Name

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box

City or Town | State | Zip Code

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(Last)* | *(First)*

Job Title | Phone Number *(Area Code and Number)*

VI. Installation Contact Address *(See instructions)*

A. Correct Address: Location ☐ Mailing ☐ Other ☐

B. Street or P.O. Box

City or Town | State | Zip Code

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner

Street, P.O. Box, or Route Number

City or Town | State | Zip Code

Phone Number *(Area Code and Number)* | B. Land Type | C. Owner Type | D. Change of Owner Indicator: Yes ☐ No ☐ | (Date Changed) Month Day

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on P

L

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0039 Expires 09-30-96

ID - For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions)*

A. Hazardous Waste Activity

1. Generator (See instructions)
   - a. Greater than 1000kg/mo (2,200 lbs.)
   - b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - a. For own waste only
   - b. For commercial purposes

Mode of Transportation
- 1. Air
- 2. Rail
- 3. Highway
- 4. Water
- 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - a. Generator Marketing to Burner
   - b. Other Marketers
   - c. Boiler and/or Industrial Furnace
     - 1. Smelter Deferral
     - 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
   - 1. Utility Boiler
   - 2. Industrial Boiler
   - 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - a. Marketer Directs Shipment of U... Oil to Off-Specification Burner
   - b. Marketer Who First Claims the U... Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) Combustion Device(s)
   - a. Utility Boiler
   - b. Industrial Boiler
   - c. Industrial Furnace
3. Used Oil Transporter - Indicate Type of Activity(ies)
   - a. Transporter
   - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indi... Type(s) of Activity(ies)
   - a. Processs
   - b. Re-refiner

IX. Description of Hazardous Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with... system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the pers... or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to t... best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false informatio... including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*

State Form 48625 (R2/6-98)

Indiana Department of Environmental Management
Drycleaner Notification Form

1. CHECK ONE OF THE FOLLOWING FIVE BOXES:

☐ This is a new perchloroethylene (perc) drycleaning facility. Effective date: _____

☐ I am the new owner of this drycleaning facility.

☐ I am updating IDEM on this perc drycleaning facility. (For example, changing a drop-off store to a perc facility.)

Explain _____

☐ This drycleaning facility no longer has any perchloroethylene (perc) on the premises.
Check one: This store is now ____ a drop-off store ___ closed ____ using a different solvent than perc. What solvent did you change to? _____
Effective date of change: _____

☐ I am changing classifications because my perc consumption has increased beyond my previous classification. Please explain your old and your new perc consumption amount.

_____

2. Print or type the following for each perc drycleaning facility. You must fill out a separate form for each perc facility.

Owner/Operator _____

Facility Name _____

Address_____

City _____ State _____ Zip _____

Phone Number _____

Mailing Address (if different than facility address)

Street _____

City _____ State _____ Zip _____

3. If your perc facility has been in operation longer than 12 months, write the highest amount of perc purchased in any 12-month period starting with September 1993. This period is a 12-month period, but not necessarily a calendar year. If this is a new drycleaning facility, please estimate what your highest 12-month period purchase of perc will be.

_____ GALLONS CIRCLE ONE: 12-month period purchases OR Estimate

4. How many drycleaning machines do you have? ____ Dry-to-dry ____ Transfer

5. Fill out the table for each of your machines. See worksheet at the end of this form for help on filling in the boxes. Call IDEM/CTAP for confidential assistance at (317) 232-8172.
If you have more than 4 machines, make additional copies of this page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-dry OR Transfer	Dry-to-dry OR Transfer	Dry-to-dry OR Transfer	Dry-to-dry OR Transfer
Install Date				
Required Control Device (Use Worksheet on pages to determine this)				
Date Control Device was installed				

To be in compliance with the Dry Cleaning NESHAP (58 FR 49354, 49357), you must do the following:

T Operate drycleaning machines according to manufacturer's instructions. You must keep the drycleaning machine manuals on-site.

T Keep all perc and perc waste in tightly sealed, covered containers with no leaks.

T Drain cartridge filters in their housings or other sealed containers for a minimum of 24 hours or treat filters in an equivalent manner before removal from facility.

T Keep machine doors closed except when loading or unloading clothes.

T Maintain a log of perc purchases each month and a 12 month rolling total, calculated each month. Even if you do not buy perc during a month, you must write 0 and carry the 12 month total forward.

T If you use a refrigerated condenser on a dry-to-dry machine as your required control device, you must perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser is less than or equal to 45 degrees Fahrenheit.

T If you use a refrigerated condenser on a transfer machine as your required control device, you must perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser on the transfer dryer is less than or equal to 45 degrees Fahrenheit AND that the difference between the inlet and the outlet temperature of the refrigerated condenser on the transfer washer is greater than or equal to 20 degrees F.

T If you use a carbon adsorber as your required control device or you use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber IMMEDIATELY UPON DOOR OPENING, you must perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc in the exhaust from the carbon adsorber is not over 100 parts per million.

T Conduct and maintain records of your leak detection program. In this program, you must inspect all perc drycleaning equipment for obvious leaks. You may use sight/smell/touch or you may use a perc solvent detector. (Most drycleaners must perform this program weekly; small area sources must perform it every other week.)

T Repair any leak or problem related to a temperature reading or colorimetric detector tube result within 24 hours after you find it OR order repair parts within 2 working days after finding the problem that needs repair parts. Install the repair parts within 5 working days of receiving parts. Make a record of the repairs and the parts ordered and installed.

T Keep all records and perc purchase receipts at your facility for 5 years.

T If you use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber BEFORE the machine door is opened, you must perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc inside the drycleaning machine drum at the end of the drying cycle is not over 300 parts per million.

T If you use a room enclosure for a transfer machine, you must vent all air from inside the room enclosure through a carbon adsorber. The room enclosure must be constructed of materials impermeable to perc, must be designed and operated to maintain a negative pressure at all times while the transfer machine is operating and must exhaust to a carbon adsorber.

T If a room enclosure is installed for a transfer machine, you must attach the following information about the room enclosure to this report.

- < Description of the materials used to construct the room enclosure to show that the room is impermeable to perc.
- < Explanation of how the room enclosure is operated to maintain a negative pressure at all times while the transfer machine is operating.
- < Explanation of how the room enclosure exhausts into a carbon adsorber.

Print or type the name and title of the Responsible Official for the drycleaning facility:

_____

I certify the information contained in this report to be accurate and true to the best of my knowledge and that this facility is in compliance with all applicable control device and monitoring requirements listed in this report.

_____ _____

Signature of Responsible Official **Date**

_____ _____

Examples of responsible officials:

< president, vice president, secretary or treasurer of the company that owns the facility
< owner of the facility
< manager of the facility
< a government official if the facility is owned by Federal, State, City or County Government
< a ranking military officer if located at a military base

Make a copy for your records and mail to:

IDEM - OAM
Drycleaner Contact - IGCN 1001
P. O. Box 6015
Indianapolis, IN 46206-6015

WORKSHEET

PART A

To find out if a control device is required, check all items that apply.

☐ I reported less than 140 gallons in question 3 on page 1.

☐ I reported less than 200 gallons in Question 3 on page 1 AND I reported only transfer machines in question 4 on page 2.

If you did not check a box above, go to Part B below.

If you checked either item above and all your machines were installed before 12/9/91, write NO CONTROL REQUIRED in the shaded box on page 2 for each machine at your facility that was installed before 12/9/91 and STOP HERE - no control devices are required.

For those machines installed on or after 12/9/91, go to PART B.

PART B

Control Device is required. Fill out this section for EACH MACHINE at your facility.

Check the appropriate box:

☐ Machine was installed BEFORE 12/9/91.

If you checked this box, your required control is a refrigerated condenser or a carbon adsorber that was installed before 9/22/93. Write REFRIGERATED CONDENSER or CARBON ADSORBER in the shaded box below the machine on page 2.

Control must be installed by 9/22/96.

☐ Machine was installed ON OR AFTER 12/9/91.

If you checked this box, your required control is a dry-to-dry machine with a refrigerated condenser. Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2.
NOTE: NO NEW OR USED TRANSFER MACHINES MAY BE INSTALLED AFTER 9/22/93. Control must be installed when machine is installed. Go to PART C.

PART C

You may be required to install additional control.
Check all boxes that apply:

☐ I reported 1,800 gallons or less in Question 3 on page 1.

☐ I reported 2,100 gallons or less in question 3 on page 1 AND I reported only dry-to-dry machines in Question 4 on page 2.

If you checked either box above, you can STOP HERE. No additional controls are required.

If you did not check one of the above boxes, go to PART D.

PART D

If additional control is required, fill out PART D for EACH machine at your facility.

Check each box that applies.

☐ Machine is a dry-to-dry machine that was installed ON or AFTER 12/9/91.

If you checked this box, you are also required to install a supplemental carbon adsorber. Write SUPPLEMENTAL CARBON ADSORBER in the shaded box below the machine on page 2.

☐ Machine is a transfer machine.

If you checked this box, you are also required to install a room enclosure. Write ROOM ENCLOSURE in the shaded box below the machine on page 2.

WORKSHEET is complete.

Return to Question 5 on page 2 and write in the dates controls were or will be installed.

Emergency Action Plan

The emergency action plan contained in this manual should be customized to fit the needs of your particular drycleaning facility.

1. Purpose

The purpose of an emergency Action Plan is to protect the employees from serious injury, property loss or loss of life in the event of a natural disaster or emergency. A natural disaster constitutes any one (1) of the following: severe thunderstorm, tornado, or earthquake. Emergencies would constitute any one (1) of the following: bomb threat, robbery, fire, or hazardous chemical spill. In the event of any disaster listed, this Emergency Action Plan describes the responsibilities and actions to be taken to protect all employees.

The emergency action plan shall be in writing and shall cover those designated actions employers and employees must take to ensure employee safety from fire and other emergencies. For those employers with 10 or fewer employees, the plan may be communicated orally to employees and the employer need not maintain a written plan. IDLA and IDEM recommend everyone keep a written plan.

2. General Procedures

The employer needs to provide emergency escape procedures and emergency escape route assignments to every employee in case of an emergency and procedures to account for all employees after an emergency evaluation has been completed.

Emergency alarms should be established for each drycleaning facility that complies with OSHA standards. In the event of a natural disaster, the warning may come from radio or civil defense siren, or there may be no warning. In the event of an emergency, the warning may come from any one (1) of the following sources: in-plant sprinkler system, telephone, security alarm, or verbal warning from personnel in the plant

Emergency Action Plan (Cont'd)

A person receiving notification of a possible natural or in-plant emergency should immediately notify their supervisor and the owner/manager.

A map of all evacuation will be displayed in the lunch room and at every work area. Each map will show the route and exit to take depending where employees are located in the plant. It will be the responsibility of the first -line supervisor to inform employees of these evacuation routes.

A. Natural Disasters

In the event of a SEVERE THUNDERSTORM, all personnel should have a radio on to listen for possible warnings. All open exterior doors should be closed, and any customers in the store should be kept away from plate glass windows.

In the event of a TORNADO, warnings may be sounded by civil defense sirens and National Weather Service warnings on radio. At times, tornadoes from with no warning. The only indication of a problem is often the sound of a train moving toward you. If the store is in or near the path of a tornado, the following procedures shall be followed immediately and in the following order as time and safety permits:

1.All personnel and any customers should be moved to a place of safety in the store, such as an interior wall, beneath a counter or table, but away from windows.

2.All exterior doors closed.

3.All presses and computers turned off to protect circuit boards.

4.Drycleaning machine(s) turned off at main switch.

5.After the tornado passes, the supervisor on duty should evacuate the store if necessary and make sure all personnel are accounted for. Check for injuries, and await the arrival of emergency personnel.

EARTHQUAKES normally occur without any type of warning. Due to the suddenness, all personnel should attempt to get into a doorway passage or under a table or desk. NO ONE SHOULD GO OUTSIDE THE BUILDING. After the earthquake has stopped, all employees should help restore calm to fellow workers; check for injuries; shut off all gas, electricity, and water at main controls.

B. Man-Made Emergencies

A BOMB THREAT will normally be telephoned in. If this should happen, the person receiving the call should immediately notify the store supervisor or owner. The supervisor should, in turn, notify the owner at once. Either the supervisor or owner shall call the police to inform them of the threat. Store personnel shall follow any and all instructions given them by law enforcement personnel

In the event of a ROBBERY, the person or persons involved should do exactly as requested by the robber. If your store is equipped with a security system, set it off only if the robber will not be able to notice. If this cannot be done safely, wait until the robber has left , and then do so immediately. If your store is not equipped with a security system, call the police as soon as the robber has left the scene. When the police arrive, DO NOT run outside to them; they will come inside to you. Just stand at the counter and wait for their instructions. If anyone is injured during a robbery or robbery attempt, DO NOT use the security alarms. Call 911 instead and request medical assistance.

To the best of your ability, remember what the person looked like and write it down so you can give the information to police when they arrive. Include a physical description, description of any weapon, and direction of travel when they left the store.

In the event of a FIRE, quickly determine the scope of the fire. If it is very small and can be managed quickly with the use of the fire extinguisher, put out the fire. Otherwise, evacuate the store and call 911 (using the phone in a neighboring store). If it can be done safely, turn off gas and steam lines. Make sure the firemen understand there are small amounts of hazardous chemicals inside and tell them the location of the MSDS book.

Emergency Action Plan (Cont'd)

In the event of a HAZARDOUS CHEMICAL SPILL, do the following*:

1. Try to determine what has been spilled. Look at the container the chemical was in, or see where the chemical is draining from.

2. Throw down on the floor any towels or absorbent material you can find to help contain the spill.

3. CALL THE OWNERS to inform them of the emergency and the steps that have been taken.

4. Turn on all ventilation systems and open all doors. Refer to the MSDS book for further instructions on clean-up. If help is needed to clean-up, call your hazardous waste hauler.

Fire Prevention & Workplace Hazards

1. Fire Prevention

The employer must provide portable fire extinguishers for employee use in the workplace, the employer shall also provide an educational program to familiarize employees with the general principles of fire extinguisher use and the hazards involved with incipient stage fire fighting.

It is the responsibility of all employees to prevent any type of fire in the building. The following are general rules to accomplish this objective:

1. Extinguish all cigarettes in their proper place.

2. Do not smoke or have open flame around any type of chemicals.

3. Smoking shall be confined to designated areas (if there are any) or outside.

4. Do not put any hot cigarette butts in a trash can.

2. Workplace Hazards

These include steam lines and all chemicals used in the drycleaning or laundry processes. A partial list includes drycleaning solvent, paint removers, rust removers, chlorine bleach, oxygen bleach, acetic acid, amyl acetate and water-soluble stain removers. It is the responsibility of the spotter to be sure that all chemicals are stored in clearly marked containers. At the end of the day, all chemicals should be tightly capped and put away in designated areas.

Good housekeeping will prevent many problems. It is responsibility of EVERY employee to make sure trash is kept off the floors (and taken to the dumpster when necessary), and that exits are kept clear. If there are ever any questions about safety in the store, contact the owner/manger right away.

EMPLOYEE TRAINING RECORD

_____ MSDS

_____ SPILLS

_____ SMELLS

_____ CHEMICALS

_____ DRYCLEANING MACHINE

_____ EXTENSION CORDS

_____ LADDERS

_____ WET BODILY FLUIDS

____ HAZARD COMMUNICATION STANDARD

___ HAZARD COMMUNICATION PROGRAM

___ EMERGENCY ACTION PLAN

_____ FIRE PREVENTION PLAN

_____ LOCKOUT/TAGOUT

_____ FIRE EXTINGUISHER

_____ FIGHTING A FIRE

_____ STORING CHEMICALS

_____ RESPIRATORS

_____ INJURIES

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

I have been trained in the above checked item, and I understand all aspects of each item that is checked.

_____ _____

Employee Name Title

_____

Date

P

PERC PURCHASE 12-MONTH ROLLING TOTAL LOG ILLUSTRATION

For the sake of this illustration, assume this drycleaner has a dry-to-dry machine only.
(less than 140 gallons of perc per year makes this facility a small area source). Notice that in April of 96, they went over the limit for a small area source; this jump made this drycleaner a large area source. It must now comply with all large area source rules.

MONTH	NUMBER OF GALLONS PURCHASED THIS MONTH	TIME PERIOD COVERED BY THIS 12 MONTH PERIOD	TOTAL GALLONS PURCHASED IN THIS 12 MONTH PERIOD
April 95	10	May 94 - Apr 95	
May 95	10	Jun 94 - May 95	
June 95	10	Jul 94 - Jun 95	
July 95	10	Aug 94 - Jul 95	
August 95	10	Sep 94 - Aug 95	
September 95	10	Oct 94 - Sep 95	
October 95	10	Nov 94 - Oct 95	
November 95	10	Dec 94 - Nov 95	
December 95	10	Jan 95 - Dec 95	
January 96	10	Feb 95 - Jan 96	
February 96	10	Mar 95 - Feb 96	
March 96	10	Apr 95 - Mar 96	120
April 96	35	May 95 - Apr 96	145
May 96	0	Jun 95 - May 96	135
June 96	10	Jul 95 - Jun 96	135
July 96	10	Aug 95 - Jul 96	135
August 96	10	Sep 95 - Aug 96	135
September 96	0	Oct 95 - Sep 96	125
October 96	0	Nov 95 - Oct 96	115
November 96	10	Dec 95 - Nov 96	115